PRIORITY CLAIMED LINDER

35 U.S.C. 119

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## DECLARATION and POWER OF ATTORNEY

DATE OF FILING

Month Day Year

October 10, 2003

June 4, 2004

SIGNATURE OF INVENTOR 2

SIGNATURE OF INVENTOR 4

DATE

As a below named inventor, I declare that the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed as 1 below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: GCGS-Transferrin Fusion and Portolins

the specification of which is attached hereto unless the following box is checked:

application and the national or PCT international filing date of this application.

COUNTRY

us

US

My residence, post office address and citizenship are as stated below next to my name.

APPLICATION NUMBER

60510652

60577150

I section-recipie my duty to disclose information which is material to patentiability of this application in accordance with 37 CFR 1.56. Thereby state but have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above, hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) or patient or inventor's certificate below any foreign application for patient or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the meanure provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to paratrability as defined in Title 37, Code of Redeal Reductions, § 1.56(g) which can between the filling date of the prior to the state of the stat

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	PCT/US2004/033337 October	October 8, 2004			Inactive				
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attomey(s) and/or Agent(s) to prosecute this application and transact all business in the Paten and Trademark Office connected therewith.  © Customer Number 0000026021									
Send correspondence to:  ☐ Customer Number 000026021		Hogan & Hartson L.L.P. 1999 Avenue of the Stars, Los Angeles, California 90		DIRECT TELEPHONE CALLS TO: [ATTY NAME] 310-785-4600					
	Name of Inventor	Residence: CITY		STATE or COUNTRY					
١.	Wei-Chiang Shen	San Mari	no	CA					
. 1	Post Office Address 2030 Robin Rd. San Marino, C	A 91108	US	<b>.</b>	CITIZENSHIP				
2	Name of Inventor Yun Bal	Residence: CITY		STATE or COUNTRY					
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4	Name of Inventor  Adam Widera	Residence: CITY Long Beach	1	STATE OF COUNTRY					
	Post Office Address 6960 Parkcrest St. Long Beach.	(A 90808		us	CITIZENSHIP				
I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are purchashable by fine or imprisonment, or both, under Section 1001 of Trate 16 of the United States Code, and that such willful false statements may jeconicize the validity of the application or any patent issuing where the work of the contraction of the statement of the contractive the validity of the application or any patent issuing the statement any jeconicize the validity of the application or any patent issuing the statement and									

SIGNATURE OF INVENTOR 1

SIGNATURE OF INVENTOR 3

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PAGE 81 PATENT (U.S.A.) ATTORNEYS DOCKET NO. 991P8.0181

PRIORITY CLAIMED UNDER

85 U.S.C. 119

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## DECLARATION and POWER OF ATTORNEY

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June 4, 2004

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Send correspondence to:		Customer Number	000026021	Hogos & Hartmon L.L.P. 1990 Avenue of the Stars, Suite 1400 Los Angeles, California 90057		DIRECT THLEPHONE CALLS TO: [ATTY NAME] 310-765-4800	
Please	Print						
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